

**UNITED STATES BANKRUPTCY COURT**  
**Middle District of Pennsylvania**

In re: **Sonia Machiavello**  
Debtor

Case No. **5:09-02550**  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the **180 days before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]* \_\_\_\_\_

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

**Official Form 1, Exh. D (10/06) – Cont.**

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: s/ Sonia Machiavello  
**Sonia Machiavello**

Date: 4/20/2009

In re: **Sonia Machiavello**,  
Debtor

Case No. **5:09-02550**  
(If known)

## SCHEDULE A - REAL PROPERTY

| DESCRIPTION AND<br>LOCATION OF<br>PROPERTY | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT<br>OR COMMUNITY | CURRENT VALUE<br>OF DEBTOR'S<br>INTEREST IN<br>PROPERTY, WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION | AMOUNT OF<br>SECURED<br>CLAIM |
|--|--|--------------------------------------|--|-------------------------------|
| 110 MARIA CT                               | Co-Owner                                   | J                                    | \$ 161,000.00  | \$ 161,000.00                 |
| Total >                                    |  |                                      | \$ 161,000.00  |                               |

(Report also on Summary of Schedules.)

In re **Sonia Machiavello**Case No. **5:09-02550**

Debtor

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

| TYPE OF PROPERTY  | NONE     | DESCRIPTION AND LOCATION OF PROPERTY            | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|----------|---|-----------------------------------|--|
| 1. Cash on hand   |          | <b>Cash in Debtor's possession</b>              |                                   | <b>50.00</b>   |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.                      |          | <b>Checking account</b>                         |                                   | <b>50.00</b>   |
| 3. Security deposits with public utilities, telephone companies, landlords, and others.   | <b>X</b> |   |                                   |  |
| 4. Household goods and furnishings, including audio, video, and computer equipment.   |          | <b>Household Goods</b>                          | <b>J</b>                          | <b>350.00</b>  |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.   |          | <b>Cook books and various reading materials</b> |                                   | <b>25.00</b>   |
| 6. Wearing apparel.   |          | <b>Clothes in Debtor's possession</b>           |                                   | <b>250.00</b>  |
| 7. Furs and jewelry.  |          | <b>Necklaces, rings, bracelets, watches</b>     |                                   | <b>250.00</b>  |
| 8. Firearms and sports, photographic, and other hobby equipment.  | <b>X</b> |   |                                   |  |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  | <b>X</b> |   |                                   |  |
| 10. Annuities. Itemize and name each issuer.  | <b>X</b> |   |                                   |  |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | <b>X</b> |   |                                   |  |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | <b>X</b> |   |                                   |  |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.   | <b>X</b> |   |                                   |  |
| 14. Interests in partnerships or joint ventures. Itemize.   | <b>X</b> |   |                                   |  |
| 15. Government and corporate bonds and other negotiable and nonnegotiable instruments.  | <b>X</b> |   |                                   |  |
| 16. Accounts receivable.  | <b>X</b> |   |                                   |  |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | <b>X</b> |   |                                   |  |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  | <b>X</b> |   |                                   |  |
|   |          |   |                                   |  |

In re **Sonia Machiavello**Case No. **5:09-02550**

Debtor

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| TYPE OF PROPERTY  | NONE     | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|----------|--------------------------------------|-----------------------------------|--|
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | <b>X</b> |                                      |                                   |  |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | <b>X</b> |                                      |                                   |  |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | <b>X</b> |                                      |                                   |  |
| 22. Patents, copyrights, and other intellectual property. Give particulars.   | <b>X</b> |                                      |                                   |  |
| 23. Licenses, franchises, and other general intangibles. Give particulars.  | <b>X</b> |                                      |                                   |  |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | <b>X</b> |                                      |                                   |  |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.  |          | <b>04 Honda Accord LX</b>            |                                   | <b>8,000.00</b>  |
| Automobiles, trucks, trailers, and other vehicles and accessories.  |          | <b>06 Honda Civic</b>                |                                   | <b>8,500.00</b>  |
| 26. Boats, motors, and accessories.   | <b>X</b> |                                      |                                   |  |
| 27. Aircraft and accessories.   | <b>X</b> |                                      |                                   |  |
| 28. Office equipment, furnishings, and supplies.  | <b>X</b> |                                      |                                   |  |
| 29. Machinery, fixtures, equipment and supplies used in business.   | <b>X</b> |                                      |                                   |  |
| 30. Inventory.  | <b>X</b> |                                      |                                   |  |
| 31. Animals.  | <b>X</b> |                                      |                                   |  |
| 32. Crops - growing or harvested. Give particulars.   | <b>X</b> |                                      |                                   |  |
| 33. Farming equipment and implements.   | <b>X</b> |                                      |                                   |  |
| 34. Farm supplies, chemicals, and feed.   | <b>X</b> |                                      |                                   |  |
| 35. Other personal property of any kind not already listed. Itemize.  | <b>X</b> |                                      |                                   |  |
| <u>1</u> continuation sheets attached   |          |                                      | Total                             | <b>\$ 17,475.00</b>  |

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re Sonia Machiavello

Debtor

Case No. 5:09-02550

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds  
\$136,875

| DESCRIPTION OF PROPERTY              | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION |
|--------------------------------------|--------------------------------------|----------------------------|---|
| Cash in Debtor's possession          | 42 Pa.C.S. § 8123(a)                 | 50.00                      | 50.00   |
| Checking account                     | 42 Pa.C.S. § 8123(a)                 | 50.00                      | 50.00   |
| Clothes in Debtor's possession       | 42 Pa.C.S. § 8124(a)(1), (2)         | 250.00                     | 250.00  |
| Household Goods                      | 42 Pa.C.S. § 8123(a)                 | 200.00                     | 350.00  |
| Necklaces, rings, bracelets, watches | 42 Pa.C.S. § 8123(a)                 | 250.00                     | 250.00  |

In re **Sonia Machiavello**Case No. **5:09-02550**

Debtor

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**
☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN      | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|---|----------|-----------------------------------|---|------------|--------------|----------|---|---------------------------|
| ACCOUNT NO. <b>85760202</b><br>Honda Financial Services<br>P.O. Box 6034<br>Newark, DE                  | <b>X</b> |                                   | <b>12/26/2007</b><br><b>Security Agreement</b><br><b>06 Honda Civic</b><br><br>VALUE \$8,500.00     |            |              |          | <b>9,234.00</b>                                       | <b>734.00</b>             |
| ACCOUNT NO. <b>85626991</b><br>Honda Financial Services<br>P.O. Box 6034<br>Newark, DE 19714-6034       | <b>X</b> |                                   | <b>03/03/2008</b><br><b>Security Agreement</b><br><b>04 Honda Accord LX</b><br><br>VALUE \$8,000.00 |            |              |          | <b>10,110.00</b>                                      | <b>2,110.00</b>           |
| ACCOUNT NO.<br>Pennstar Bank<br>PO Box 790<br>Hamlin, PA 18427  | <b>X</b> | <b>H</b>                          | <b>Mortgage</b><br><b>110 MARIA CT</b><br><br>VALUE \$161,000.00                                    |            |              |          | <b>161,000.00</b>                                     | <b>0.00</b>               |

0

continuation sheets  
attachedSubtotal >  
(Total of this page)Total >  
(Use only on last page)

|                      |                    |
|----------------------|--------------------|
| <b>\$ 180,344.00</b> | <b>\$ 2,844.00</b> |
| <b>\$ 180,344.00</b> | <b>\$ 2,844.00</b> |

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

In re **Sonia Machiavello**

Debtor

Case No. **5:09-02550**

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**1 continuation sheets attached**



In re Sonia Machiavello

Debtor

Case No. 5:09-02550

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

**Type of Priority: Taxes and Certain Other Debts Owed to Governmental Units**

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF CLAIM | AMOUNT<br>ENTITLED TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED TO<br>PRIORITY, IF<br>ANY |
|---|----------|--------------------------------------|--|------------|--------------|----------|--------------------|-----------------------------------|---|
| ACCOUNT NO.<br><b>Marcel Lake Estates POA<br/>Dingmans Ferry<br/>Dingmans Ferry, PA 18328</b>                 | <b>X</b> |                                      | <b>Community services</b>                                    |            |              |          | <b>2,604.84</b>    | <b>2,604.84</b>                   | <b>0.00</b>   |

Sheet no. 1 of 1 continuation sheets attached to Schedule of  
Creditors Holding Priority ClaimsSubtotals >  
(Totals of this page)

|    |                 |    |                 |    |             |
|----|-----------------|----|-----------------|----|-------------|
| \$ | <b>2,604.84</b> | \$ | <b>2,604.84</b> | \$ | <b>0.00</b> |
| \$ | <b>2,604.84</b> |    |                 |    |             |
|    |                 | \$ | <b>2,604.84</b> | \$ | <b>0.00</b> |

Total >  
(Use only on last page of the completed  
Schedule E. Report also on the Summary of  
Schedules.)Total >  
(Use only on last page of the completed  
Schedule E. If applicable, report also on the  
Statistical Summary of Certain Liabilities  
and Related Data.)

In re **Sonia Machiavello**

Debtor

Case No. **5:09-02550**

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)  | CODEBTOR<br>HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE                                       | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|--|--|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. <b>5329 0628 9697 0731</b><br><br><b>Bank of America</b><br><b>P.O. Box 15726</b><br><b>Wilmington, DE 19886-5726</b>  |  | <b>03/10/2008</b><br><br><b>Credit Card purchases: Clothing,<br/>household goods, auto fuel, groceries,<br/>prescriptions, telephone charges.</b> |            |              |          | <b>6,481.13</b>    |
| ACCOUNT NO. <b>7021-2701-0695-7359</b><br><br><b>Best Buy</b><br><b>PO Box 17298</b><br><b>Baltimore, MD 21297-1298</b>  |  | <b>03/20/2008</b><br><br><b>Credit Card purchases: Household<br/>goods, telephone charges.</b>  |            |              |          | <b>5,463.22</b>    |
| ACCOUNT NO. <b>06268973-O</b><br><br><b>Bon Secours Comm Hospital</b><br><b>160 East Main Street</b><br><b>Port Jervis, NY 12771</b><br><br><b>Pellettieri &amp; Associates, LTD</b><br><b>991 OAK CREEK DR</b><br><b>LOMBARD, IL 60148</b>  |  | <b>11/09/2005</b><br><br><b>Physicians services</b>   |            |              |          | <b>1,045.00</b>    |
| ACCOUNT NO. <b>4388-6417-4991-8905</b><br><br><b>Capital One Services</b><br><b>P.O. Box 85015</b><br><b>Richmond, VA 23285-5015</b><br><br><b>NCO Financial Systems, Inc.</b><br><b>4740 Baxter Road</b><br><b>Virginia Beach, VA 23462</b> |  | <b>02/11/2008</b><br><br><b>Credit Card purchases: Clothing,<br/>household goods, auto fuel, groceries,<br/>prescriptions, telephone charges.</b> |            |              |          | <b>2,824.01</b>    |

4 Continuation sheets attached

|            |                     |
|------------|---------------------|
| Subtotal > | \$ <b>15,813.36</b> |
| Total >    | \$                  |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re **Sonia Machiavello**

Debtor

Case No. **5:09-02550**

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)  | CODEBTOR<br>HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE                                       | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|--|--|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. <b>754867</b><br><br><b>Cingular Wireless</b><br><b>PO Box 8229</b><br><b>Aurora, IL 60572-8229</b><br><br><b>AFNI, Inc.</b><br><b>PO Box 3427</b><br><b>Bloomington, IL 61702-3427</b>  |  | <b>11/19/2007</b><br><br><b>Cellular service</b>  |            |              |          | <b>1,113.60</b>    |
| ACCOUNT NO. <b>68544601</b><br><br><b>Delaware Twnshp Vol. Ambulance</b><br><b>PO Box 186, 135 Park Road</b><br><b>Dingmans Ferry, PA 18328</b><br><br><b>Collection Service Center, Inc.</b><br><b>1312 A PL Valley Blvd.</b><br><b>P.O. Box 68</b><br><b>Altoona, PA 16603</b> |  | <b>01/17/2008</b><br><br><b>Medical service</b>   |            |              |          | <b>540.00</b>      |
| ACCOUNT NO. <b>6879 4501 2904 5587 097</b><br><br><b>Dell Financial Services</b><br><b>12234 N. IH 35, SB, Bldg B</b><br><b>Austin, TX 78754</b><br><br><b>I.C. System, Inc.</b><br><b>444 Highway 96 East</b><br><b>P.O. Box 64887</b><br><b>St. Paul, MN 55164</b>             |  | <b>03/10/2008</b><br><br><b>Credit Card purchases: Clothing,<br/>household goods, auto fuel, groceries,<br/>prescriptions, telephone charges.</b> |            |              |          | <b>3,199.35</b>    |

Sheet no. 1 of 4 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

|            |    |                 |
|------------|----|-----------------|
| Subtotal > | \$ | <b>4,852.95</b> |
| Total >    | \$ |                 |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re **Sonia Machiavello**

Debtor

Case No. **5:09-02550**

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)  | CODEBATOR<br>HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE                                       | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|--|---|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. <b>S2792636</b><br><br><b>Enzo Clinical Labs</b><br><b>60 Executive Blvd.</b><br><b>Farmingdale, NY 11735-9087</b>   |   | <b>07/14/2006</b><br><br><b>Laboratory services</b>   |            |              |          | <b>235.00</b>      |
| ACCOUNT NO. <b>S1561474-0</b><br><br><b>Enzo Clinical Labs</b><br><b>60 Executive Blvd.</b><br><b>Farmingdale, NY 11735-9087</b>   |   | <b>04/19/2006</b><br><br><b>Laboratory services</b>   |            |              |          | <b>333.00</b>      |
| ACCOUNT NO. <b>717844-06-102866-3</b><br><br><b>HFC</b><br><b>P.O. Box 17574</b><br><b>Baltimore, MD 21297-1574</b><br><br><b>Associated Creditors Exchange, Inc.</b><br><b>P.O. Box 33130</b><br><b>Phoenix, AZ 85067</b> |   | <b>02/06/2008</b><br><br><b>Credit Card purchases: Clothing,<br/>household goods, auto fuel, groceries,<br/>prescriptions, telephone charges.</b> |            |              |          | <b>6,376.17</b>    |
| ACCOUNT NO. <b>477-463-630-41</b><br><br><b>JC Penny's</b><br><b>PO Box 981131</b><br><b>El Paso, TX 79998</b>   |   | <b>03/27/2008</b><br><br><b>Credit Card purchases: Clothing and<br/>household goods.</b>  |            |              |          | <b>656.76</b>      |

Sheet no. 2 of 4 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

|            |    |                 |
|------------|----|-----------------|
| Subtotal > | \$ | <b>7,600.93</b> |
| Total >    | \$ |                 |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re **Sonia Machiavello**

Debtor

Case No. **5:09-02550**

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | CODEBATOR<br>HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE   | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|---|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. <b>819 2439 126976 8</b><br><br><b>Lowe's</b><br><b>P. O. Box 530914</b><br><b>Atlanta, GA 30353-0914</b>   |   | <b>02/17/2008</b><br><br><b>Credit Card purchases: Clothing,<br/>household goods, auto fuel, groceries,<br/>prescriptions, telephone charges,<br/>building materials.</b> |            |              |          | <b>1,396.09</b>    |
| ACCOUNT NO. <b>41-286-290-556-0</b><br><br><b>Macy's</b><br><b>PO Box 4583</b><br><b>Carol Stream, IL 60197-4583</b>  |   | <b>03/14/2008</b><br><br><b>Credit Card purchases: Clothing and<br/>household goods.</b>  |            |              |          | <b>504.77</b>      |
| ACCOUNT NO. <b>1751492-500399214-5 383181</b><br><br><b>OSI Collection Servs, Inc</b><br><b>4165E.Thousand Oaks Blvd.</b><br><b>Suite #245</b><br><b>Westlake Village,CA91362</b><br><br><b>Varisol Collections Servs</b><br><b>3636 Nobel Drive, Suite 215</b><br><b>San Diego, CA 92122</b> |   | <b>11/07/2006</b><br><br><b>Unknown</b>   |            |              |          | <b>3,855.00</b>    |
| ACCOUNT NO.<br><br><b>St. Joseph's Medical Center</b><br><b>703 Main St</b><br><b>Paterson, NJ 07503</b><br><br><b>Universal Fidelity LP</b><br><b>PO Box 941911</b><br><b>Houston, TX 77094</b>  |   | <b>Medical services</b>   |            |              |          | <b>1,727.00</b>    |

Sheet no. 3 of 4 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

|            |                    |
|------------|--------------------|
| Subtotal > | \$ <b>7,482.86</b> |
| Total >    | \$                 |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re **Sonia Machiavello**

Debtor

Case No. **5:09-02550**

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)  | CODEBTOR<br>HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE                                       | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|--|--|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. <b>4352-3750-5153-5633</b><br><br><b>Target National Bank</b><br><b>PO Box 59231</b><br><b>Minneapolis, MN 55459-0231</b><br><br><b>LTD Financial Services</b><br><b>7322 Southwest Freeway</b><br><b>Suite 1600</b><br><b>Houston, TX 77074</b> |  | <b>02/04/2008</b><br><br><b>Credit Card purchases: Clothing,<br/>household goods, auto fuel, groceries,<br/>prescriptions, telephone charges.</b> |            |              |          | <b>3,996.71</b>    |
| ACCOUNT NO. <b>060591069</b><br><br><b>Tri State Emergency</b><br><b>484 Temple Hill Road</b><br><b>Suite 104</b><br><b>New Windsor, NY 12553</b><br><br><b>CB/HV</b><br><b>115 North Plank Rd.</b><br><b>P.O. Box 831</b><br><b>Newburgh, NY 12551</b>      |  | <b>04/05/2006</b><br><br><b>Medical Services</b>  |            |              |          | <b>260.00</b>      |
| ACCOUNT NO. <b>6032 2032 1096 7542</b><br><br><b>Wal-Mart</b><br><b>PO Box 530927</b><br><b>Atlanta, GA 30353-0927</b>   |  | <b>03/29/2008</b><br><br><b>Credit Card purchases: Clothing,<br/>household goods, auto fuel, groceries,<br/>prescriptions, telephone charges.</b> |            |              |          | <b>754.67</b>      |
| ACCOUNT NO. <b>95190403</b><br><br><b>Wells Fargo Financial Bank</b><br><b>P.O. Box 98788</b><br><b>Las Vegas, NV 89193-8788</b>   |  | <b>03/12/2008</b><br><br><b>Credit Card purchases: Clothing,<br/>household goods, auto fuel, groceries,<br/>prescriptions, telephone charges.</b> |            |              |          | <b>1,883.56</b>    |

Sheet no. 4 of 4 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

|            |    |                  |
|------------|----|------------------|
| Subtotal > | \$ | <b>6,894.94</b>  |
| Total >    | \$ | <b>42,645.04</b> |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re: Sonia Machiavello  
Debtor

Case No. 5:09-02550  
(If known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☒ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,<br>OF OTHER PARTIES TO LEASE OR CONTRACT. | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF<br>DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR<br>NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT<br>NUMBER OF ANY GOVERNMENT CONTRACT. |
|---|---|
|   |   |

In re: **Sonia Machiavello**

Debtor

Case No. **5:09-02550**

(If known)

**SCHEDULE H - CODEBTORS**☐ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR   |
|------------------------------|--|
| <b>Jose G Machiavello</b>    | <b>Honda Financial Services</b><br><b>P.O. Box 6034</b><br><b>Newark, DE</b>               |
| <b>Jose G Machiavello</b>    | <b>Honda Financial Services</b><br><b>P.O. Box 6034</b><br><b>Newark, DE 19714-6034</b>    |
| <b>Jose G Machiavello</b>    | <b>Marcel Lake Estates POA</b><br><b>Dingmans Ferry</b><br><b>Dingmans Ferry, PA 18328</b> |
| <b>Jose G Machiavello</b>    | <b>Pennstar Bank</b><br><b>PO Box 790</b><br><b>Hamlin, PA 18427</b>                       |



In re **Sonia Machiavello**Case No. **5:09-02550**

Debtor

(If known)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

|   |                                 |         |
|---|---------------------------------|---------|
| Debtor's Marital Status: <b>Married</b> | DEPENDENTS OF DEBTOR AND SPOUSE |         |
|   | RELATIONSHIP(S):                | AGE(S): |
| <b>Employment:</b>                      | DEBTOR                          | SPOUSE  |
| Occupation <b>Waitress</b>              |                                 |         |
| Name of Employer                        |                                 |         |
| How long employed                       |                                 |         |
| Address of Employer                     |                                 |         |

INCOME: (Estimate of average or projected monthly income at time case filed)

DEBTOR

SPOUSE

1. Monthly gross wages, salary, and commissions  
(Prorate if not paid monthly.)\$ **842.57** \$ **4,347.90**

2. Estimate monthly overtime

\$ **0.00** \$ **0.00**

3. SUBTOTAL

\$ **842.57** \$ **4,347.90**

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ **159.94** \$ **854.94**

b. Insurance

\$ **0.00** \$ **0.00**

c. Union dues

\$ **0.00** \$ **0.00**

d. Other (Specify) \_\_\_\_\_

\$ **0.00** \$ **0.00**

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ **159.94** \$ **854.94**

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ **682.63** \$ **3,492.96**7. Regular income from operation of business or profession or farm  
(Attach detailed statement)\$ **0.00** \$ **0.00**

8. Income from real property

\$ **0.00** \$ **0.00**

9. Interest and dividends

\$ **0.00** \$ **0.00**

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

\$ **0.00** \$ **0.00**11. Social security or other government assistance  
(Specify) \_\_\_\_\_\$ **0.00** \$ **0.00**

12. Pension or retirement income

\$ **0.00** \$ **0.00**

13. Other monthly income

(Specify) \_\_\_\_\_

\$ **0.00** \$ **0.00**

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ **0.00** \$ **0.00**

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ **682.63** \$ **3,492.96**

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

**\$ 4,175.59**

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:

**NONE**

In re **Sonia Machiavello**

Debtor

Case No. **5:09-02550**  
(If known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

|  |    |                 |
|--|----|-----------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)  | \$ | <b>1,264.00</b> |
| a. Are real estate taxes included?      Yes      No <input checked="" type="checkbox"/>  |    |                 |
| b. Is property insurance included?      Yes      No <input checked="" type="checkbox"/>  |    |                 |
| 2. Utilities: a. Electricity and heating fuel  | \$ | <b>250.00</b>   |
| b. Water and sewer   | \$ | <b>48.00</b>    |
| c. Telephone   | \$ | <b>35.00</b>    |
| d. Other <b>Cable</b>  | \$ | <b>97.00</b>    |
| <b>Cell Phone(s)</b>   | \$ | <b>68.00</b>    |
| <b>Internet</b>  | \$ | <b>56.00</b>    |
| 3. Home maintenance (repairs and upkeep)   | \$ | <b>25.00</b>    |
| 4. Food  | \$ | <b>400.00</b>   |
| 5. Clothing  | \$ | <b>75.00</b>    |
| 6. Laundry and dry cleaning  | \$ | <b>0.00</b>     |
| 7. Medical and dental expenses   | \$ | <b>60.00</b>    |
| 8. Transportation (not including car payments)   | \$ | <b>200.00</b>   |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  | \$ | <b>100.00</b>   |
| 10. Charitable contributions   | \$ | <b>0.00</b>     |
| 11. Insurance (not deducted from wages or included in home mortgage payments)  |    |                 |
| a. Homeowner's or renter's   | \$ | <b>40.08</b>    |
| b. Life  | \$ | <b>0.00</b>     |
| c. Health  | \$ | <b>0.00</b>     |
| d. Auto  | \$ | <b>274.00</b>   |
| e. Other   | \$ | <b>0.00</b>     |
| 12. Taxes (not deducted from wages or included in home mortgage payments)  |    |                 |
| (Specify) <b>Real Estate and School</b>  | \$ | <b>300.00</b>   |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)   |    |                 |
| a. Auto  | \$ | <b>700.00</b>   |
| b. Other <b>Community Dues</b>   | \$ | <b>70.00</b>    |
| 14. Alimony, maintenance, and support paid to others   | \$ | <b>0.00</b>     |
| 15. Payments for support of additional dependents not living at your home  | \$ | <b>0.00</b>     |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   | \$ | <b>0.00</b>     |
| 17. Other  | \$ | <b>0.00</b>     |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | \$ | <b>4,062.08</b> |

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

**20. STATEMENT OF MONTHLY NET INCOME**

|  |    |                 |
|--|----|-----------------|
| a. Average monthly income from Line 15 of Schedule I | \$ | <b>4,175.59</b> |
| b. Average monthly expenses from Line 18 above       | \$ | <b>4,062.08</b> |
| c. Monthly net income (a. minus b.)                  | \$ | <b>113.51</b>   |

In re Sonia Machiavello  
Debtor

Case No. 5:09-02550  
(If known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 19 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: 4/20/2009

Signature: s/ Sonia Machiavello  
**Sonia Machiavello**

Debtor

[If joint case, both spouses must sign]

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)

**United States Bankruptcy Court**  
**Middle District of Pennsylvania**

In re **Sonia Machiavello**,  
Debtor

Case No. **5:09-02550**

Chapter **7**

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF SHEETS | ASSETS        | LIABILITIES   | OTHER       |
|---|----------------------|---------------|---------------|---------------|-------------|
| A - Real Property   | YES                  | 1             | \$ 161,000.00 |               |             |
| B - Personal Property   | YES                  | 2             | \$ 17,475.00  |               |             |
| C - Property Claimed<br>as Exempt   | YES                  | 1             |               |               |             |
| D - Creditors Holding<br>Secured Claims   | YES                  | 1             |               | \$ 180,344.00 |             |
| E - Creditors Holding Unsecured<br>Priority Claims<br>(Total of Claims on Schedule E) | YES                  | 2             |               | \$ 2,604.84   |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                                 | YES                  | 5             |               | \$ 42,645.04  |             |
| G - Executory Contracts and<br>Unexpired Leases                                       | YES                  | 1             |               |               |             |
| H - Codebtors   | YES                  | 1             |               |               |             |
| I - Current Income of<br>Individual Debtor(s)   | YES                  | 1             |               |               | \$ 4,175.59 |
| J - Current Expenditures of<br>Individual Debtor(s)                                   | YES                  | 2             |               |               | \$ 4,062.08 |
| TOTAL   |                      | 17            | \$ 178,475.00 | \$ 225,593.88 |             |

## United States Bankruptcy Court

Official Form 6 - Statistical Summary (12/07)

UNITED STATES BANKRUPTCY COURT – MIDDLE DISTRICT OF PENNSYLVANIA

In re \_\_\_\_\_  
DebtorsCase No. \_\_\_\_\_  
Chapter \_\_\_\_\_

## UNITED STATES BANKRUPTCY COURT

|                           |                                     |
|---------------------------|-------------------------------------|
| In re _____<br>Debtor(s). | CHAPTER:<br>CASE NO.:               |
| Debtor(s):                | Case No.:<br>(If known)<br>Chapter: |

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

## AMENDED - STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E)  | \$     |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$     |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$     |
| Student Loan Obligations (from Schedule F)  | \$     |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E.                  | \$     |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$     |
| TOTAL   | \$     |

# United States Bankruptcy Court

Official Form 6 - Statistical Summary (12/07)

UNITED STATES BANKRUPTCY COURT – MIDDLE DISTRICT OF PENNSYLVANIA

In re \_\_\_\_\_  
**Debtors**

Case No. \_\_\_\_\_  
 Chapter \_\_\_\_\_

## UNITED STATES BANKRUPTCY COURT

|                                  |                                     |
|----------------------------------|-------------------------------------|
| In re _____<br><b>Debtor(s).</b> | CHAPTER:<br>CASE NO.:               |
| Debtor(s):                       | Case No.:<br>(If known)<br>Chapter: |

### State the following:

|   |    |
|---|----|
| Average Income (from Schedule I, Line 16)   | \$ |
| Average Expenses (from Schedule J, Line 18)   | \$ |
| Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 ) | \$ |

### State the following:

|  |    |    |
|--|----|----|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |    | \$ |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ |    |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |    | \$ |
| 4. Total from Schedule F   |    | \$ |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |    | \$ |

UNITED STATES BANKRUPTCY COURT  
Middle District of Pennsylvania

In re: Sonia Machiavello  
Debtor

Case No. 5:09-02550  
Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY  
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|   |    |                 |
|---|----|-----------------|
| For legal services, I have agreed to accept           | \$ | <u>1,800.00</u> |
| Prior to the filing of this statement I have received | \$ | <u>1,800.00</u> |
| Balance Due   | \$ | <u>0.00</u>     |

2. The source of compensation paid to me was:

☐ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e) [Other provisions as needed]

**None**

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

**None**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 4/20/2009

/s Mark E. Moulton

**Mark E. Moulton, Esquire, Bar No. 89064**

**Moulton & Moulton, PC**

Attorney for Debtor(s)

**UNITED STATES BANKRUPTCY COURT**  
**Middle District of Pennsylvania**

In re: **Sonia Machiavello**

Debtor

Case No. **5:09-02550**

(If known)

**STATEMENT OF FINANCIAL AFFAIRS**

**1. Income from employment or operation of business**

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT           | SOURCE          | FISCAL YEAR PERIOD |
|------------------|-----------------|--------------------|
| <b>11,590.00</b> | <b>Waitress</b> | <b>2007</b>        |
| <b>8,412.00</b>  | <b>Waitress</b> | <b>2008</b>        |

**2. Income other than from employment or operation of business**

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE | FISCAL YEAR PERIOD |
|--------|--------|--------------------|
|--------|--------|--------------------|

**3. Payments to creditors****Complete a. or b., as appropriate, and c.**

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS | AMOUNT PAID | AMOUNT STILL OWING |
|------------------------------|-------------------|-------------|--------------------|
|------------------------------|-------------------|-------------|--------------------|



- None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS/ TRANSFERS | AMOUNT PAID OR VALUE OF TRANSFERS | AMOUNT STILL OWING |
|------------------------------|------------------------------|-----------------------------------|--------------------|
|------------------------------|------------------------------|-----------------------------------|--------------------|

- None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR | DATE OF PAYMENT | AMOUNT PAID | AMOUNT STILL OWING |
|---|-----------------|-------------|--------------------|
|---|-----------------|-------------|--------------------|

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT AND CASE NUMBER | NATURE OF PROCEEDING | COURT OR AGENCY AND LOCATIO | STATUS OR DISPOSITION |
|---------------------------------|----------------------|-----------------------------|-----------------------|
|---------------------------------|----------------------|-----------------------------|-----------------------|

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED | DATE OF SEIZURE | DESCRIPTION AND VALUE OF PROPERTY |
|--|-----------------|-----------------------------------|
|--|-----------------|-----------------------------------|

#### 5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR OR SELLER | DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN | DESCRIPTION AND VALUE OF PROPERTY |
|--|--|-----------------------------------|
|--|--|-----------------------------------|

**6. Assignments and receiverships**

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF ASSIGNEE | DATE OF<br>ASSIGNMENT | TERMS OF<br>ASSIGNMENT<br>OR SETTLEMENT |
|---------------------------------|-----------------------|---|
|---------------------------------|-----------------------|---|

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF CUSTODIAN | NAME AND ADDRESS<br>OF COURT<br>CASE TITLE & NUMBER | DATE OF<br>ORDER | DESCRIPTION<br>AND VALUE OF<br>PROPERTY |
|----------------------------------|---|------------------|---|
|----------------------------------|---|------------------|---|

**7. Gifts**

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF PERSON<br>OR ORGANIZATION | RELATIONSHIP<br>TO DEBTOR,<br>IF ANY | DATE<br>OF GIFT | DESCRIPTION<br>AND VALUE OF<br>GIFT |
|--|--------------------------------------|-----------------|-------------------------------------|
|--|--------------------------------------|-----------------|-------------------------------------|

**8. Losses**

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| DESCRIPTION<br>AND VALUE OF<br>PROPERTY | DESCRIPTION OF CIRCUMSTANCES AND, IF<br>LOSS WAS COVERED IN WHOLE OR IN PART<br>BY INSURANCE, GIVE PARTICULARS | DATE OF<br>LOSS |
|---|--|-----------------|
|---|--|-----------------|

**9. Payments related to debt counseling or bankruptcy**

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS<br>OF PAYEE  | DATE OF PAYMENT,<br>NAME OF PAYOR IF<br>OTHER THAN DEBTOR | AMOUNT OF MONEY OR<br>DESCRIPTION AND VALUE<br>OF PROPERTY |
|---|---|--|
| Moulton & Moulton, PC<br>693 State Route 739, Ste#1<br>Lords Valley, PA 18428 |   | 1,800.00   |

|                              |      |
|------------------------------|------|
| Springboard Nonprofit Consum | \$50 |
|------------------------------|------|

## 10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFEREE,<br>RELATIONSHIP TO DEBTOR | DATE | DESCRIBE PROPERTY<br>TRANSFERRED<br>AND VALUE RECEIVED |
|---|------|--|
|---|------|--|

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

| NAME OF TRUST OR OTHER<br>DEVICE | DATE(S) OF<br>TRANSFER(S) | AMOUNT OF MONEY OR DESCRIPTION<br>AND VALUE OF PROPERTY OR DEBTOR<br>INTEREST IN PROPERTY |
|----------------------------------|---------------------------|---|
|----------------------------------|---------------------------|---|

## 11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF INSTITUTION | TYPE OF ACCOUNT, LAST FOUR<br>DIGITS OF ACCOUNT NUMBER,<br>AND AMOUNT OF FINAL BALANCE | AMOUNT AND<br>DATE OF SALE<br>OR CLOSING |
|------------------------------------|--|--|
|------------------------------------|--|--|

## 12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF BANK OR<br>OTHER DEPOSITORY | NAMES AND ADDRESSES<br>OF THOSE WITH ACCESS<br>TO BOX OR DEPOSITOR | DESCRIPTION<br>OF<br>CONTENTS | DATE OF TRANSFER<br>OR SURRENDER,<br>IF ANY |
|--|--|-------------------------------|---|
|--|--|-------------------------------|---|

## 13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATE OF<br>SETOFF | AMOUNT OF<br>SETOFF |
|------------------------------|-------------------|---------------------|
|------------------------------|-------------------|---------------------|

**14. Property held for another person**

None ☐ List all property owned by another person that the debtor holds or controls.

☒ NAME AND ADDRESS  
OF OWNER

DESCRIPTION AND VALUE  
OF PROPERTY

LOCATION OF PROPERTY

**15. Prior address of debtor**

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

**16. Spouses and Former Spouses**

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

SITE NAME AND  
ADDRESS

NAME AND ADDRESS  
OF GOVERNMENTAL UNIT

DATE OF  
NOTICE

ENVIRONMENTAL  
LAW

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND  
ADDRESS

NAME AND ADDRESS  
OF GOVERNMENTAL UNIT

DATE OF  
NOTICE

ENVIRONMENTAL  
LAW

- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS  
OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR  
DISPOSITION

## 18. Nature, location and name of business

- None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

| NAME | LAST FOUR DIGITS<br>OF SOCIAL SECURITY<br>OR OTHER INDIVIDUAL<br>TAXPAYER-I.D. NO.<br>(ITIN)/ COMPLETE EIN | ADDRESS | NATURE OF<br>BUSINESS | BEGINNING AND ENDING<br>DATES |
|------|--|---------|-----------------------|-------------------------------|
|------|--|---------|-----------------------|-------------------------------|

- None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

| NAME | ADDRESS |
|------|---------|
|------|---------|

\* \* \* \* \*

*[if completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 4/20/2009

Signature  
of Debtor

s/ Sonia Machiavello  
**Sonia Machiavello**

UNITED STATES BANKRUPTCY COURT  
Middle District of Pennsylvania

In re: Sonia Machiavello  
Debtor

Case No. 5:09-02550  
Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- ☐ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- ☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- ☐ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

| Description of Secured Property | Creditor's Name          | Property will be Surrendered | Property is claimed as exempt | Property will be redeemed pursuant to 11 U.S.C. § 722 | Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c) |
|---------------------------------|--------------------------|------------------------------|-------------------------------|---|--|
| 1. 06 Honda Civic               | Honda Financial Services |                              |                               |   | X  |
| 2. 04 Honda Accord LX           | Honda Financial Services |                              |                               |   | X  |
| 3. 110 MARIA CT                 | Pennstar Bank            |                              |                               |   | X  |

| Description of Leased Property | Lessor's Name | Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A) |
|--------------------------------|---------------|--|
| None                           |               |  |

s/ Sonia Machiavello 4/20/2009  
Signature of Debtor Date

In re **Sonia Machiavello**

Debtor(s)

Case Number: **5:09-02550**

(If known)

According to the calculations required by this statement:

☐ The presumption arises☒ The presumption does not arise

(Check the box as directed in Parts I, III, and VI of this statement.)

**CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME  
AND MEANS-TEST CALCULATION**

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

**Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS**

|    |   |
|----|---|
| 1A | <p>If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Veteran's Declaration.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p> |
| 1B | <p>If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.</p>  |

**Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION**

|    |   |                             |  |  |         |    |  |         |    |                 |                             |        |        |
|----|---|-----------------------------|--|--|---------|----|--|---------|----|-----------------|-----------------------------|--------|--------|
| 2  | <p><b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in line 2.b above. <b>Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11.</b></p> <p>d. <input checked="" type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11.</b></p> |                             |  |  |         |    |  |         |    |                 |                             |        |        |
|    | <p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.</p>  |                             | <p><b>Column A</b><br/><b>Debtor's</b><br/><b>Income</b></p> | <p><b>Column B</b><br/><b>Spouse's</b><br/><b>Income</b></p> |         |    |  |         |    |                 |                             |        |        |
| 3  | <b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>   |                             | \$842.57   | \$4,347.90   |         |    |  |         |    |                 |                             |        |        |
| 4  | <p><b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">a.</td> <td>Gross Receipts</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>  |                             | a.   | Gross Receipts   | \$ 0.00 | b. | Ordinary and necessary business expenses | \$ 0.00 | c. | Business income | Subtract Line b from Line a | \$0.00 | \$0.00 |
| a. | Gross Receipts  | \$ 0.00                     |  |  |         |    |  |         |    |                 |                             |        |        |
| b. | Ordinary and necessary business expenses  | \$ 0.00                     |  |  |         |    |  |         |    |                 |                             |        |        |
| c. | Business income   | Subtract Line b from Line a |  |  |         |    |  |         |    |                 |                             |        |        |
|    | <p><b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. <b>Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b></p>  |                             |  |  |         |    |  |         |    |                 |                             |        |        |

|   |   |   |                                 |             |            |
|---|---|---|---------------------------------|-------------|------------|
| 5   | a.  | Gross Receipts                            | \$ 0.00                         | \$0.00      | \$0.00     |
|   | b.  | Ordinary and necessary operating expenses | \$ 0.00                         |             |            |
|   | c.  | Rent and other real property income       | Subtract Line b from Line a     |             |            |
| 6   | Interest, dividends, and royalties.   |   |                                 | \$0.00      | \$0.00     |
| 7   | Pension and retirement income.  |   |                                 | \$0.00      | \$0.00     |
| 8   | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.  |   |                                 | \$0.00      | \$0.00     |
| 9   | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:   |   |                                 | \$          | \$         |
|   | Unemployment compensation claimed to be a benefit under the Social Security Act   |   | Debtor \$ _____ Spouse \$ _____ |             |            |
| 10  | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.   |   |                                 | \$0.00      | \$0.00     |
|   | a.  |   |                                 |             |            |
| Total and enter on Line 10.                           |   |   |                                 | \$0.00      | \$0.00     |
| 11  | Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 thru 10 in Column B. Enter the total(s).  |   |                                 | \$842.57    | \$4,347.90 |
| 12  | Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.   |   |                                 | \$ 5,190.47 |            |
| <b>Part III. APPLICATION OF § 707(b)(7) EXCLUSION</b> |   |   |                                 |             |            |
| 13  | Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.  |   |                                 | \$62,285.64 |            |
| 14  | Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  |   |                                 | \$64,775.00 |            |
|   | a. Enter debtor's state of residence: <u>PA</u> b. Enter debtor's household size: <u>3</u>  |   |                                 |             |            |
| 15  | Application of Section 707(b)(7). Check the applicable box and proceed as directed.<br><input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.<br><input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement. |   |                                 |             |            |

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).



**Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)**

|    |   |    |  |    |    |
|----|---|----|--|----|----|
| 16 | Enter the amount from Line 12.  | \$ |  |    |    |
| 17 | <p><b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;"></td> <td style="width: 35%; text-align: center;">\$</td> </tr> </table> <p>Total and enter on Line 17 .</p> | a. |  | \$ | \$ |
| a. |   | \$ |  |    |    |
| 18 | Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.   | \$ |  |    |    |

**Part V. CALCULATION OF DEDUCTIONS FROM INCOME****Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

| 19A                                     | <p><b>National Standards: food, clothing and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>   | \$                                      |  |                      |  |  |    |     |                             |                             |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |    |
|---|---|---|--|----------------------|--|--|----|-----|-----------------------------|-----------------------------|-----|----------------------|--|-----|-------------------|--|-----|-------------------|--|-----|----------|--|-----|----------|--|----|
| 19B                                     | <p><b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="3" style="text-align: left;">Household members under 65 years of age</th> <th colspan="3" style="text-align: left;">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center;">a1.</td> <td style="width: 35%;">Allowance per member</td> <td style="width: 20%;"></td> <td style="width: 5%; text-align: center;">a2.</td> <td style="width: 35%;">Allowance per member</td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center;">b1.</td> <td>Number of members</td> <td></td> <td style="text-align: center;">b2.</td> <td>Number of members</td> <td></td> </tr> <tr> <td style="text-align: center;">c1.</td> <td>Subtotal</td> <td></td> <td style="text-align: center;">c2.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table> | Household members under 65 years of age |  |                      | Household members 65 years of age or older |  |    | a1. | Allowance per member        |                             | a2. | Allowance per member |  | b1. | Number of members |  | b2. | Number of members |  | c1. | Subtotal |  | c2. | Subtotal |  | \$ |
| Household members under 65 years of age |   |   | Household members 65 years of age or older                   |                      |  |  |    |     |                             |                             |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |    |
| a1.                                     | Allowance per member  |   | a2.  | Allowance per member |  |  |    |     |                             |                             |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |    |
| b1.                                     | Number of members   |   | b2.  | Number of members    |  |  |    |     |                             |                             |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |    |
| c1.                                     | Subtotal  |   | c2.  | Subtotal             |  |  |    |     |                             |                             |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |    |
| 20A                                     | <p><b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).</p>  | \$                                      |  |                      |  |  |    |     |                             |                             |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |    |
| 20B                                     | <p><b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 55%;">IRS Housing and Utilities Standards; mortgage/rental expense</td> <td style="width: 40%; text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Average Monthly Payment for any debts secured by home, if any, as stated in Line 42.</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Net mortgage/rental expense</td> <td style="text-align: center;">Subtract Line b from Line a</td> </tr> </table>   | a.                                      | IRS Housing and Utilities Standards; mortgage/rental expense | \$                   | b.   | Average Monthly Payment for any debts secured by home, if any, as stated in Line 42. | \$ | c.  | Net mortgage/rental expense | Subtract Line b from Line a | \$  |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |    |
| a.                                      | IRS Housing and Utilities Standards; mortgage/rental expense  | \$                                      |  |                      |  |  |    |     |                             |                             |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |    |
| b.                                      | Average Monthly Payment for any debts secured by home, if any, as stated in Line 42.  | \$                                      |  |                      |  |  |    |     |                             |                             |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |    |
| c.                                      | Net mortgage/rental expense   | Subtract Line b from Line a             |  |                      |  |  |    |     |                             |                             |     |                      |  |     |                   |  |     |                   |  |     |          |  |     |          |  |    |

|     |   |                             |   |    |    |   |    |    |   |                             |    |
|-----|---|-----------------------------|---|----|----|---|----|----|---|-----------------------------|----|
| 21  | <b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:   | \$                          |   |    |    |   |    |    |   |                             |    |
| 22A | <b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.<br><br>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.<br><br>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)   | \$                          |   |    |    |   |    |    |   |                             |    |
| 22B | <b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  | \$                          |   |    |    |   |    |    |   |                             |    |
| 23  | <b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.<br><br>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b> <table border="1" style="width: 100%; margin-top: 10px; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 30%; text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42.</td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td style="text-align: center;">Subtract Line b from Line a</td></tr> </table> | a.                          | IRS Transportation Standards, Ownership Costs | \$ | b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42. | \$ | c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a | \$ |
| a.  | IRS Transportation Standards, Ownership Costs   | \$                          |   |    |    |   |    |    |   |                             |    |
| b.  | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42.   | \$                          |   |    |    |   |    |    |   |                             |    |
| c.  | Net ownership/lease expense for Vehicle 1   | Subtract Line b from Line a |   |    |    |   |    |    |   |                             |    |
| 24  | <b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.<br><br>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b> <table border="1" style="width: 100%; margin-top: 10px; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 30%; text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td style="text-align: center;">Subtract Line b from Line a</td></tr> </table>   | a.                          | IRS Transportation Standards, Ownership Costs | \$ | b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42  | \$ | c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a | \$ |
| a.  | IRS Transportation Standards, Ownership Costs   | \$                          |   |    |    |   |    |    |   |                             |    |
| b.  | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42  | \$                          |   |    |    |   |    |    |   |                             |    |
| c.  | Net ownership/lease expense for Vehicle 2   | Subtract Line b from Line a |   |    |    |   |    |    |   |                             |    |
| 25  | <b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b>   | \$                          |   |    |    |   |    |    |   |                             |    |
| 26  | <b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b>   | \$                          |   |    |    |   |    |    |   |                             |    |
| 27  | <b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b>   | \$                          |   |    |    |   |    |    |   |                             |    |

|  |   |    |                  |    |    |                      |    |    |                        |    |    |
|--|---|----|------------------|----|----|----------------------|----|----|------------------------|----|----|
| 28   | <b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due obligations included in Line 44.</b>  | \$ |                  |    |    |                      |    |    |                        |    |    |
| 29   | <b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  | \$ |                  |    |    |                      |    |    |                        |    |    |
| 30   | <b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>   | \$ |                  |    |    |                      |    |    |                        |    |    |
| 31   | <b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b>  | \$ |                  |    |    |                      |    |    |                        |    |    |
| 32   | <b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>  | \$ |                  |    |    |                      |    |    |                        |    |    |
| 33   | <b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.  | \$ |                  |    |    |                      |    |    |                        |    |    |
| <b>Subpart B: Additional Living Expense Deductions</b>                       |   |    |                  |    |    |                      |    |    |                        |    |    |
| <b>Note: Do not include any expenses that you have listed in Lines 19-32</b> |   |    |                  |    |    |                      |    |    |                        |    |    |
| 34   | <b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 85%;">Health Insurance</td> <td style="width: 10%;">\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table> <p>Total and enter on Line 34</p> <p><b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below:<br/>\$ _____</p> | a. | Health Insurance | \$ | b. | Disability Insurance | \$ | c. | Health Savings Account | \$ | \$ |
| a.   | Health Insurance  | \$ |                  |    |    |                      |    |    |                        |    |    |
| b.   | Disability Insurance  | \$ |                  |    |    |                      |    |    |                        |    |    |
| c.   | Health Savings Account  | \$ |                  |    |    |                      |    |    |                        |    |    |
| 35   | <b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  | \$ |                  |    |    |                      |    |    |                        |    |    |
| 36   | <b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.   | \$ |                  |    |    |                      |    |    |                        |    |    |
| 37   | <b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b>   | \$ |                  |    |    |                      |    |    |                        |    |    |
| 38   | <b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>   | \$ |                  |    |    |                      |    |    |                        |    |    |

|    |   |    |
|----|---|----|
| 39 | <b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b> | \$ |
| 40 | <b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).   | \$ |
| 41 | <b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40.  | \$ |

### Subpart C: Deductions for Debt Payment

| 42   | <b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.  |                               |  |   |                           |  |    |    |   |                               |   |    |  |  |    |   |    |  |  |    |   |                             |  |    |
|--|---|-------------------------------|--|---|---------------------------|--|----|----|---|-------------------------------|---|----|--|--|----|---|----|--|--|----|---|-----------------------------|--|----|
|  | <table border="1"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>Average Monthly Payment</th> <th>Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> <td><input checked="" type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> </tbody> </table>                   |                               | Name of Creditor                                   | Property Securing the Debt  | Average Monthly Payment   | Does payment include taxes or insurance?   | a. |    |   | \$                            | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | b. |  |  | \$ | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | c. |  |  | \$ | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Total: Add Lines a, b and c |  | \$ |
|  | Name of Creditor  | Property Securing the Debt    | Average Monthly Payment                            | Does payment include taxes or insurance?                            |                           |  |    |    |   |                               |   |    |  |  |    |   |    |  |  |    |   |                             |  |    |
| a.   |   |                               | \$   | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no |                           |  |    |    |   |                               |   |    |  |  |    |   |    |  |  |    |   |                             |  |    |
| b.   |   |                               | \$   | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |                           |  |    |    |   |                               |   |    |  |  |    |   |    |  |  |    |   |                             |  |    |
| c.   |   |                               | \$   | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |                           |  |    |    |   |                               |   |    |  |  |    |   |    |  |  |    |   |                             |  |    |
| 43   | <b>Other payments on secured claims.</b> If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. |                               |  |   |                           |  |    |    |   |                               |   |    |  |  |    |   |    |  |  |    |   |                             |  |    |
|  | <table border="1"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>  |                               | Name of Creditor                                   | Property Securing the Debt  | 1/60th of the Cure Amount |  |    |    |   | Total: Add Lines a, b and c   |   | \$ |  |  |    |   |    |  |  |    |   |                             |  |    |
|  | Name of Creditor  | Property Securing the Debt    | 1/60th of the Cure Amount                          |   |                           |  |    |    |   |                               |   |    |  |  |    |   |    |  |  |    |   |                             |  |    |
|  |   |                               |  |   |                           |  |    |    |   |                               |   |    |  |  |    |   |    |  |  |    |   |                             |  |    |
| 44   | <b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b>  |                               |  | \$  |                           |  |    |    |   |                               |   |    |  |  |    |   |    |  |  |    |   |                             |  |    |
| 45   | <b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.  |                               |  |   |                           |  |    |    |   |                               |   |    |  |  |    |   |    |  |  |    |   |                             |  |    |
|  | <table border="1"> <tbody> <tr> <td>a.</td> <td>Projected average monthly Chapter 13 plan payment.</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</td> <td>x</td> </tr> <tr> <td>c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td>Total: Multiply Lines a and b</td> </tr> </tbody> </table>  | a.                            | Projected average monthly Chapter 13 plan payment. | \$  | b.                        | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) | x  | c. | Average monthly administrative expense of Chapter 13 case | Total: Multiply Lines a and b | \$  |    |  |  |    |   |    |  |  |    |   |                             |  |    |
| a.   | Projected average monthly Chapter 13 plan payment.  | \$                            |  |   |                           |  |    |    |   |                               |   |    |  |  |    |   |    |  |  |    |   |                             |  |    |
| b.   | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  | x                             |  |   |                           |  |    |    |   |                               |   |    |  |  |    |   |    |  |  |    |   |                             |  |    |
| c.   | Average monthly administrative expense of Chapter 13 case   | Total: Multiply Lines a and b |  |   |                           |  |    |    |   |                               |   |    |  |  |    |   |    |  |  |    |   |                             |  |    |
| 46   | <b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.   |                               |  | \$  |                           |  |    |    |   |                               |   |    |  |  |    |   |    |  |  |    |   |                             |  |    |
| <b>Subpart D: Total Deductions from Income</b> |   |                               |  |   |                           |  |    |    |   |                               |   |    |  |  |    |   |    |  |  |    |   |                             |  |    |
| 47   | <b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.  |                               |  | \$  |                           |  |    |    |   |                               |   |    |  |  |    |   |    |  |  |    |   |                             |  |    |

**Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION**

|    |  |    |
|----|--|----|
| 48 | Enter the amount from Line 18 (Current monthly income for § 707(b)(2))   | \$ |
| 49 | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))  | \$ |
| 50 | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result  | \$ |
| 51 | 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.  | \$ |
| 52 | <b>Initial presumption determination.</b> Check the applicable box and proceed as directed.<br><input type="checkbox"/> <b>The amount on Line 51 is less than \$6,575</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.<br><input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$10,950.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.<br><input type="checkbox"/> <b>The amount on Line 51 is at least \$6,575, but not more than \$10,950.</b> Complete the remainder of Part VI (Lines 53 through 55). |    |
| 53 | Enter the amount of your total non-priority unsecured debt   | \$ |
| 54 | Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.   | \$ |
| 55 | <b>Secondary presumption determination.</b> Check the applicable box and proceed as directed.<br><input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.<br><input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.   |    |

**Part VII. ADDITIONAL EXPENSE CLAIMS**

|    |   |                |
|----|---|----------------|
| 56 | <b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. |                |
|    | Expense Description   | Monthly Amount |
|    | Total: Add Lines a, b, and c  | \$             |

**Part VIII: VERIFICATION**

|    |  |  |
|----|--|--|
| 57 | I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i><br>Date: <u>4/20/2009</u> Signature: <u>s/ Sonia Machiavello</u><br>Sonia Machiavello, (Debtor) |  |
|----|--|--|

UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF PENNSYLVANIA

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

**1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of Attorney**

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

**Mark E. Moulton, Esquire**

Printed Name of Attorney

**/s Mark E. Moulton**

Signature of Attorney

**4/20/2009**

Date

Address:

**Moulton & Moulton, PC**  
**693 State Route 739, Ste#1**  
**Lords Valley, PA 18428**

**570-775-9525****Certificate of the Debtor**

I, the debtor, affirm that I have received and read this notice.

**Sonia Machiavello**

Printed Name of Debtor

**Xs/ Sonia Machiavello****Sonia Machiavello**

Signature of Debtor

**4/20/2009**

Date

Case No. (if known) **5:09-02550**

**UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF PENNSYLVANIA**

**STATEMENT OF INFORMATION REQUIRED BY 11 U.S.C. § 341**

**INTRODUCTION**

Pursuant to the Bankruptcy Reform Act of 1994, the Office of the United States Bankruptcy Administrator has prepared this information sheet to help you understand some of the possible consequences of filing a bankruptcy petition under chapter 7 of the Bankruptcy Code. This information is intended to make you aware of -

- (1) the potential consequences of seeking a discharge in bankruptcy, including the effects on credit history;
- (2) the effect of receiving a discharge of debts in bankruptcy;
- (3) the effect of reaffirming a debt; and
- (4) your ability to file a petition under a different chapter of the Bankruptcy Code.

There are many other provisions of the Bankruptcy Code that may affect your situation. This statement contains only general principles of law and is not a substitute for legal advice. If you have any questions or need further information as to how the bankruptcy laws apply to your specific case, you should consult with your lawyer.

**WHAT IS A DISCHARGE?**

The filing of a chapter 7 petition is designed to result in a discharge of most of the debts you listed in your bankruptcy schedules. A discharge is a court order that says that you do not have to repay your debts, but there are a number of exceptions. Debts which usually may not be discharged in your chapter 7 case include, for example, most taxes, child support, alimony, and student loans; court-ordered fines and restitution; debts obtained through fraud or deception; debts which were not listed in your bankruptcy schedules; and personal injury debts caused by driving while intoxicated or taking drugs. Your discharge may be denied entirely if you, for example, destroy or conceal property; destroy, conceal or falsify records; or make a false oath. Creditors cannot ask you to repay debts which have been discharged. You can only receive a chapter 7 discharge once every eight (8) years.

**WHAT ARE THE POTENTIAL EFFECTS OF A DISCHARGE?**

The fact that you filed bankruptcy can appear on your credit report for as long as 10 years. Thus, filing a bankruptcy petition may affect your ability to obtain credit in the future. Also, you may not be excused from repaying debts that were not listed on your bankruptcy schedules or that you incurred after you filed bankruptcy. There are exceptions to this general statement. See your lawyer if you have questions.

**WHAT ARE THE EFFECTS OF REAFFIRMING A DEBT?**

After you file your bankruptcy petition, a creditor may ask you to reaffirm a certain debt or you may seek to do so on your own. Reaffirming a debt means that you sign and file with the court a legally enforceable document which states that you promise to repay all or a portion of the debt that may otherwise have been discharged in your bankruptcy case. Reaffirmation agreements must generally be filed with the court sixty (60) days after the first meeting of creditors.

Reaffirmation agreements are strictly voluntary. They are not required by the Bankruptcy Code or other state or federal law. You can voluntarily repay any debt instead of signing a reaffirmation agreement, but there may be valid reasons for wanting to reaffirm a particular debt. This is particularly true when property you wish to retain is collateral for a debt.

Reaffirmation agreements must not impose an undue burden on you or your dependents and must be in your best interest. If you decide to sign a reaffirmation agreement, you may cancel it at any time before the court issues an order of discharge or within sixty (60) days after you filed the reaffirmation agreement with the court, whichever is later.

If you reaffirm a debt and fail to make the payments as required in the reaffirmation agreement, the creditor can take action against you to recover any property that was given as security for the loan and you may remain personally liable for any deficiency. In addition, creditors may seek other remedies, such as garnishment of wages.



## OTHER BANKRUPTCY OPTIONS

You have a choice in deciding what chapter of the Bankruptcy Code will best suit your needs. Even if you have already filed for relief under chapter 7, you may be eligible to convert your case to a different chapter.

Chapter 7 is the liquidation chapter of the Bankruptcy Code. Under chapter 7, a trustee is appointed to collect and sell, if economically feasible, all property you own that is not exempt from these actions.

Chapter 11 is the reorganization chapter most commonly used by businesses, but it is also available to individuals. Creditors vote on whether to accept or reject a plan, which also must be approved by the court. While the debtor normally remains in control of the assets, the court can order the appointment of a trustee to take possession and control of the business.

Chapter 12 offers bankruptcy relief to those who qualify as family farmers. Family farmers must propose a plan to repay their creditors over a three-to-five year period and it must be approved by the court. Plan payments are made through a chapter 12 trustee, who also monitors the debtors' farming operations during the pendency of the plan.

Finally, chapter 13 generally permits individuals to keep their property by repaying creditors out of their future income. Each chapter 13 debtor writes a plan which must be approved by the bankruptcy court. The debtors must pay the chapter 13 trustee the amount set forth in their plan. Debtors receive a discharge after they complete their chapter 13 repayment plan. Chapter 13 is only available to individuals with regular income whose debts do not exceed \$1,000,000 (\$250,000 in unsecured debts and \$750,000 in secured debts).

AGAIN, PLEASE SPEAK TO YOUR LAWYER IF YOU NEED FURTHER INFORMATION OR EXPLANATION, INCLUDING HOW THE BANKRUPTCY LAWS RELATE TO YOUR SPECIFIC CASE.

By signing below, I/we acknowledge that I/we have received a copy of this document, and that I/we have had an opportunity to discuss the information in this document with an attorney of my/our choice.

Date 4/20/2009

s/ Sonia Machiavello  
**Sonia Machiavello**

/s Mark E. Moulton  
**Mark E. Moulton, Esquire**

UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF PENNSYLVANIA

In re: **Sonia Machiavello**

Debtor

Case No. **5:09-02550**

Chapter **7**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of **2** sheet(s) is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: **4/20/2009**

Signed: **s/ Sonia Machiavello**  
**Sonia Machiavello**

Signed: **/s Mark E. Moulton**  
**Mark E. Moulton, Esquire**

Attorney for Debtor(s)

Bar no.: **89064**

**Moulton & Moulton, PC**

**693 State Route 739, Ste#1**

**Lords Valley, PA 18428**

Telephone No.: **570-775-9525**

Fax No.: **570-775-0676**

E-mail address:

Sonia Machiavello  
101 Maria Ct.  
Dingmans Ferry, PA 18328

BANKRUPT / DEBTOR NO.

Mark E. Moulton, Esquire  
Moulton & Moulton, PC  
693 State Route 739, Ste#1  
Lords Valley, PA 18428

Jose G Machiavello

AFNI, Inc.  
PO Box 3427  
Bloomington, IL  
61702-3427

Associated Creditors Exchang  
P.O. Box 33130  
Phoenix, AZ 85067

Bank of America  
P.O. Box 15726  
Wilmington, DE 19886-5726

Best Buy  
PO Box 17298  
Baltimore, MD 21297-1298

Bon Secours Comm Hospital  
160 East Main Street  
Port Jervis, NY 12771

Capital One Services  
P.O. Box 85015  
Richmond, VA 23285-5015

CB/HV  
115 North Plank Rd.  
P.O. Box 831  
Newburgh, NY 12551

Cingular Wireless  
PO Box 8229  
Aurora, IL 60572-8229

Collection Service Center, I  
1312 A PL Valley Blvd.  
P.O. Box 68  
Altoona, PA 16603

Delaware Twnshp Vol.  
Ambulan  
PO Box 186, 135 Park Road  
Dingmans Ferry, PA 18328

Dell Financial Services  
12234 N. IH 35, SB, Bldg B  
Austin, TX 78754

Enzo Clinical Labs  
60 Executive Blvd.  
Farmingdale, NY 11735-9087

HFC  
P.O. Box 17574  
Baltimore, MD 21297-1574

Honda Financial Services  
P.O. Box 6034  
Newark, DE 19714-6034

I.C. System, Inc.  
444 Highway 96 East  
P.O. Box 64887  
St. Paul, MN 55164

JC Penny's  
PO Box 981131  
El Paso, TX 79998

Lowe's  
P. O. Box 530914  
Atlanta, GA 30353-0914

LTD Financial Services  
7322 Southwest Freeway  
Suite 1600  
Houston, TX 77074

Macy's  
PO Box 4583  
Carol Stream, IL  
60197-4583

Marcel Lake Estates POA  
Dingmans Ferry  
Dingmans Ferry, PA 18328

NCO Financial Systems, Inc.  
4740 Baxter Road  
Virginia Beach, VA 23462

OSI Collection Servs, Inc  
4165E.Thousand Oaks Blvd.  
Suite #245  
Westlake Village,CA91362

Honda Financial Services  
P.O. Box 6034  
Newark, DE

Pellettieri & Associates, LT  
991 OAK CREEK DR  
LOMBARD, IL 60148

Pennstar Bank  
PO Box 790  
Hamlin, PA 18427

St. Joseph's Medical Center  
703 Main St  
Paterson, NJ 07503

Target National Bank  
PO Box 59231  
Minneapolis, MN 55459-0231

Tri State Emergency  
484 Temple Hill Road  
Suite 104  
New Windsor, NY 12553

Universal Fidelity LP  
PO Box 941911  
Houston, TX 77094

Varisol Collections Servs  
3636 Nobel Drive, Suite 215  
San Diego, CA 92122

Wal-Mart  
PO Box 530927  
Atlanta, GA 30353-0927

Wells Fargo Financial Bank  
P.O. Box 98788  
Las Vegas, NV 89193-8788